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AUTHOR Buccelli, Pamela
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ABSTRACT

A study examined the perspective of an allied health faculty toward academic credit for experiential learning through equivalency testing and third-party validation. A four-item questionnaire, completed by 134 of the 268-member full-time faculty of the Hahnemann College of Allied Health Professions in Philadelphia, indicated that the faculty is amenable to granting credit for experiential learning with appropriate evaluation assessments. There was strong support for awarding credit through equivalency testing both in professional courses and in specific subject courses. Also indicated by the questionnaire was the fact that a majority of the faculty do not consider third-party evaluation an appropriate method of assessment for non-academic learning. (The survey instrument is appended.) (MN)

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THE PERSPECTIVE OF AN ALLIED HEALTH FACULTY TOWARD ACADEMIC CREDIT FOR EXPERIENTIAL LEARNING

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PAMELA BUCCELLI, Ed.D.
DIRECTOR
MEDICAL LABORATORY TECHNICIAN PROGRAM
HAHNEMANN MEDICAL COLLEGE & HOSPITAL
PHILADELPHIA, PENNSYLVANIA 19102

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ABSTRACT

This study was designed to determine the perspective of an Allied Health Faculty toward academic credit for experiential learning. Establishing a policy for credentialing non-academic learning will depend almost entirely on the attitude of the faculty, which is articulated through representation on standing committees.

The investigation was limited to a study of assessing and awarding credit through equivalency testing and "third party validation." A memorandum and questionnaire were sent to all full-time faculty within the Hahnemann College of Allied Health Professions. One hundred and thirty-four (134) of two hundred and sixty-eight (268) or fifty percent (50%) of the questionnaires were returned.

Analysis of the results revealed that the faculty are amenable to granting credit for experiential learning with appropriate evaluation assessments. There was strong support for awarding credit through equivalency testing both in professional courses and in specific subject courses. The findings also indicated that a majority of the faculty do not consider "third party validation" an appropriate method assessment for non-academic learning.

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INTRODUCTION

The number of students entering the Hahnemann College of Allied Health Professions with extensive work and life career-related experiences is increasing. These individuals bring with them an assortment of qualifications, which include practical experiences in technical areas and knowledge in subject related courses. Increases in this population have presented a problem for program officials who must provide career mobility within the confines of the traditional curriculum, and the Admissions Committee who must inform the students there is no policy for assessing and awarding credit for prior non-academic learning. Concern for accomodating these students has prompted the College Council to explore this matter further by seeking faculty-wide input relative to academic credit for experiential learning.

Aware that its responsibility for providing quality health care education does not cease with the awarding of diplomas to its graduates, the Hahnemann institution acknowledges its obligation to provide continuing education for existing health practitioners. The objective is to integrate on-the-job past learning into a unified academic program that answers the professional and personal needs of this diverse population. The dilemma that exists is that without recognition of past non-academic experiences, the students are required to take courses designed to provide knowledge they already possess. Since all programs within the College share the same career mobility dilemma, it is especially relevant that serious consideration be given to ways of accomodating these students.

The Hahnemann Medical College and Hospital is a medically-oriented health related institution, offering educational programs through its College of Allied Health Professions, Medical School, Graduate School, and Hahnemann

Hospital. It is an independent, non-sectarian, urban institution dedicated to the education of health personnel for the purpose of rendering and improving the delivery of health care to the community and the nation.

The College of Allied Health Professions was organized in 1968 to provide both liberal and specialized educational programs for allied health professionals. The primary goal of the College is to prepare the individual student for a meaningful and productive role in society through a learning process which produces a significant knowledge of basic and applied sciences, technology, communicative skills and humanistic values.

Programs under the administration of the College of Allied Health Professions include upper-division baccalaureate degree programs in Medical Technology, Nursing, Mental Health Technology, Radiologic Technology, Physician Assistants and Respiratory Therapy. Lower-division associate degree programs are offered for Medical Laboratory Technicians, Nurses, Radiologic Technicians, Respiratory Therapists, Mental Health Associates and Physician Assistants. The college is dedicated to providing a sufficiently broad base for upward educational mobility for the lower division program graduates.

During the past decade, Hahnemann College, together with other health institutions, has expended the majority of its resources on meeting the demands of critical manpower shortages. Today, in the interest of improving the quality of health care, health educators can no longer be content with producing more new health personnel, but must also focus their attention on upgrading existing practitioners.

Numerous inquiries have been made regarding the position of the College toward career mobility via granting credit for experiential learning. Presently, Hahnemann has no policy for assessing and crediting non-traditional learning. This study, to determine the perspective of the Allied Health

Faculty toward academic credit for experiential learning, was designed to obtain faculty-wide input concerning this important issue. As provided in the By-Laws of the Hahnemann corporation, the faculty has final authority in the establishment of academic policy. The decision to assess and credit prior non-academic learning will depend almost totally on the perspective of this "governing body."

It is the philosophy of the Hahnemann institution that academic issues which will directly affect the entire Faculty be adequated communicated to them. This approach permits a democratic process to exist and allows for proper articulation by faculty representatives on standing committees.

Clinicians and basic scientists are considered to be a rather conservative group of educators. Awarding academic credit for non-traditional learning is a somewhat controversial issue. Thus, rather than establishing a policy by means of the "back door" method, it was decided that obtaining faculty-wide opinion should be the first step in the process for formulating a policy concerning this topic. After evaluating the responses, the appropriate committee could then address the concerns expressed.

The literature acknowledges the need to provide career mobility for health professionals and gives support to crediting non-academic learning with appropriate evaluation assessments.

The cost of health care has become a highly visible national concern. The importance of an effort to reduce inefficiencies in the job effectiveness of health care personnel is obvious. Hospital administrators site insufficient career mobility in health care settings as a significant cause of ineffective utilization of allied health personnel.

According to Blayney and Joiner (1974) the major barrier to manpower mobility and efficient use of health care practitioners is "outmoded licensing

laws and professional mores which prevent upgrading jobs and skills." They further state that,

> Mobility is limited horizontally and vertically among health careers, and educational institutions are often a part of the problem rather than the solution. In effect, what happens at most institutions is that the student's choice of one health career closes the door to all others, unless he elects to begin a new course of study, which may repeat much of what his previous training and experience taught him.

In education for the allied health professions, there is a rapidly growing awareness of the need to recognize non-academic learning. It is thought that individuals through their work/life experiences develop competencies and attitudes that equal those developed by students in scholastic curricula.

Hahavan and Higley (1976) believe that a new approach to education is necessary for todays health professionals. They conclude that,

> With the rapid growth of new knowledge, the renewed emphasis on delivery of primary care, the growing acceptance of the concept of expanded duties, and the development of team approaches to health care delivery, a new system of learning must be built wherever learning opportunities are to be found. This holds true both within formal academic systems and outside, within the environment of the practitioner and provider of health care. The business of education is not formal schooling, but education.

The belief that what a person knows is more important than where and when and how it was learned is basic to the philosophical and practical reasons stated for recognizing non-academic learning. The rationale for granting credit for prior learning is based on the concept that knowledge is valid regardless of the source. Taylor (1970) argues that if an experience is truly educative, it does not matter where it occurred. Bowen (1973) agrees that the granting of credit should not be confined to learning that takes place in a college or university.

The literature acknowledges the desirability of establishing learning

assessments for experiential learning. A study conducted by Katzell (1973) suggests that students should be permitted to take equivalency examinations for prior knowledge. Warren (1974), in a study concerning assignment of credit for non-academic learning, attributes the slowness in crediting non-traditional learning to the unfamiliarity with experiential learning, difficulty in validation, and the possibility of error due to the presence of subjectivity in assessing the learning.

The assessment of life experiences is being explored by many institutions. The dilemma lies in maintaining quality education and developing valid assessment instruments while acknowledging that significant learning does take place outside the limited domain of the college. Myer (1975) states that,

> The process of granting credit for prior learning is clearly one of assessing and evaluating an individual's experiences or knowledge by one or more faculty members who have a set of standards against which to measure experiences and a set of tools available to accomplish this end.

The direct translation of work experiences into academic credit continues to be an issue whenever crediting prior learning is discussed. There is little disagreement, if any, that the knowledge or competency obtained from the experience is creditable and not the work experience per se. "Educational credentials should not be assigned to work experiences unless academically relevant outcomes of these experiences can be demonstrated." (Gould and Cross, 1972)

In the development of institutional policies and procedures for measuring and awarding credit for learning obtained outside of their sponsorship, the American Council on Education (1977) recommends that,

> In determining whether it is appropriate to accept a student's extra-institutional learning for credit, the governing consideration should be the student's educational objective, including requirements for graduation. Learning should be articulated, documented and measured in the context of the institution's role and the student's educational objective.

Granting academic credit for prior non-academic learning has become a major concern of those involved in the education of health practitioners, yet to date, no specific guidelines for assessment of experiential learning for health personnel has been developed. Various health organizations are studying equivalency and/or proficiency testing as a mechanism for crediting experiential learning. Most agree equivalency testing should be viewed not so much as an activity which reveals what a student does not need to take, but rather as a way of identifying what educational experience is needed to develop the necessary proficiency for a specific allied health field.

A study by Wilson (1974) demonstrates that while 74 of 87 allied health institutions surveyed believed that they should provide equivalency testing for prior non-academic earning only 34 do so. The study further shows that 28 of the faculties provide equivalency testing and grant credit for their own profession courses, but in only 14 is there acceptance of credit earned elsewhere for professional courses. Wilson (1974) addresses this reluctance to grant credit for professional courses by stating that,

> Faculty members of health practitioner programs must examine carefully their feelings about the importance of their contribution to student development and compare it to contributions by others, and to alternate avenues through which competencies may be developed. While it is legitimate to be concerned about the quality of equivalency tests, the former must not constitute a camouflage, intellectually or emotionally, for really not believing that people can learn through other channels than the curriculum of one's own institution. This in no way is intended to deny the potential uniqueness of contribution of an institution, but rather to emphasize faculty need to approach the issue rationally, including the consideration

> of their feelings, if they are to avoid penalizing individuals who come to them from other settings.

The assertion has been made that some professional accrediting agencies will not allow institutions to grant credit for prior non-collegiate learning. While certain associations are slower than others in formally recognizing the many aspects of non-traditional study, there is no evidence that any specifically prohibit this crediting. The American Medical Association (1977) indicates that one of the primary objectives of the professional agencies should be to encourage experiential approaches to instruction and learning and that,

> Institutions should recognize their responsibilities to provide educational opportunities to those individuals who demonstrate ability in occupational or technical college programs. Credit earned in non-academic programs should be applied in terms of equivalent demonstrated achievement. Recognition of such achievement may be through standard equivalency examinations covering content of course work offered in the major field.

Speaking specifically to what is not permitted, the accrediting agencies have voiced their disapproval of granting blanket credit for work experience or previous education without proper assessment. Serious concern for academic programs which offer blanket for life experiences and licensure status of registered nurses has promoted the National League of Nursing Council (1975) to pass a resolution stating its opposition to this procedure. Blanket credit should not be based on RN licensure because "the licensing examination is not an equivalency examination but rather measures the candidates safety to practice." The American Association For Respiratory Therapy (1976) concurs by stressing that,

> The use of a student's license or credential recommended as a qualifying criterion for advanced standing; its sole use as an equivalency measurement is imprecise unless the certifying examination itself is described specifically enough that its relationship to the objectives of the program is

> clear. Such a situation would be represented by competency based criterion referenced certifying examinations with published test specifications.

The development of equivalency evaluations and instruments to assess experiential learning will greatly enhance the options for these students and foster the concept of life long learning.

Traditionalists are concerned that the granting of credit for non-academic learning will erode the value of the college education by offering degrees for work that is of questionable nature. (Hawes, 1977) According to Warren (1973), one of the fears faculty members express concerning credit for non-academic learning is that loss of control of the learning process will result in a decline in academic standards and a cheapening of the degree. Bowen (1973) concurs by stating "educators should be conservative about granting credit for experiential learning and awarding degrees to students who have no substantial contact with an academic community." Nelson (1974) argues that the problem is how to equitably convert life experiences into academic equivalency, after the fact.

Non-traditional education is viewed by some "hazardous" to personal growth. Counselors feel institutions of higher learning address the career needs of the adult learner through open admission policies, credit for examination and credit for experiential learning, but have neglected the personal needs of the student. A decision to return to school involves a certain degree of uncertainty, along with the fears and doubts about the ability to cope with new and different situations.

Bromfield and Kilmurray (1976) believe that non-traditional students often enter collegiate programs without having been exposed to adequate career and educational information and "without being aware of their own personal values and how these relate to decisions to return to school."

They feel unless comprehensive career and personal counseling is made available for the adult student, the academic experience may prove to be more frustating than rewarding.

In the final analyses, crediting learning will be judged not only by the population it accomodates, but by its effectiveness to perpetuate the educational mission. "Education is beginning to face the challenge of measuring education as a quality of the individual rather than as an offering of the institution." (Cross, 1973)

PROCEDURE

This study was designed to obtain the perspective of the Allied Health Faculty toward academic credit for experiential learning.

To accomplish this study, an extensive review of literature was conducted in the area of awarding credit for non-academic learning. In addition, discussion was held with various faculty members to make them aware of the forthcoming regulations governing health practitioners.

The survey was conducted by means of a self-constructed questionnaire (Appendix A). To check for validity, the prototype instrument was critically reviewed by six faculty members (2 Basic Science/2 Clinical/ 2 General Studies). After review by these individuals, modifications were made and the edited instrument was piloted to three other faculty members (1 Basic Science/1 Clinical/ 1 General Studies) who also assisted in determining clarity, ease of completion, comprehensiveness and removal of bias. Test for reliability did not take place.

By design, the content of the questionnaire was brief for two reasons. First, the writer hoped to augment the interest of the recipient to complete the form and to provide the necessary data for the study. Secondly, the investigator is the administrator of one of the Programs which will be directly affected by whatever decision is made concerning credit for experiential learning. Thus, it was recommended that questions relative to mechanisms for policy formulation, guidelines and implementation not be asked since some faculty members may misinterpret the intent of such questions.

The questionnaire (Appendix A) included four questions and sought Faculty responses regarding their perspective of experiential learning and assessment by means of equivalency testing and "third party validation."

The first question considered the general attitude of the Faculty toward acknowledging experiential learning. A "yes" or "no" response was requested and space was provided for comments.

The second and third questions sought responses regarding the use of equivalency testing in professional courses and specific subject courses for the purpose of granting credit for life/work experiences. These quest-

ions required a "yes or "no" response and also included space for comments.

The fourth question concerned the awarding of credit for experiential learning through non-test "third party validation." A "yes" or "no" response was requested and space was provided for comments.

In an effort to obtain frank and honest responses, the questionnaire did not identify the respondent. Since the summary date was analyzed by comparing the responses of the Basic Science Faculty, Clinical Faculty and General Studies Faculty, the instrument did request the faculty member identify his/her primary faculty appointment. The questionnaire was distributed by house mail on October 2, 1980, to the two hundred and sixty-eight (268) faculty members within the College of Allied Health Professions (Basic Science Faculty-128; Clinical Faculty - 131; General Studies Faculty - 9). Follow up procedure was by means of a general memorandum sent on October 18, 1980,to all the Faculty requesting, "if you did not respond initially, please do so now." The investigator deemed forty percent (40%) return from each faculty group represented as adequate for undertaking the study.

The questionnaire responses were numerically tabulated and appropriate comments made regarding the findings produced by the instrument. The summary data is presented in table format and was analyzed by comparing the response totals and percentages of the Basic Science Faculty,Clinical Faculty and General Studies Faculty within the Hahnemann College of Allied Health Professions.

For purposes of this study, it was assumed that faculty resistance to establishing a policy for granting credit for experiential learning would be partly due to limited dissemination of information concerning this topic. In addition, it was expected that the service-oriented Clinical Faculty would be more amenable to acknowledging non-academic learning than would be the more conservative Basic Science Faculty.

This investigator identified the following limitations in the study:

1. There was no measure of questionnaire reliability.
2. Not all of the questionnaires were returned.

3. Discussion with various faculty members indicated a general lack of understanding and awareness of non-traditional learning assessments.
4. This writer was somewhat conservative when structuring the questionnaire, and thus limited the amount of information which could be obtained from the survey instrument. As the Administrator and Education Director of one of the Programs which will be affected by whatever decision is made concerning experiential learning, it was recommended that such an approach would remove any bias due to the investigator's position.

DEFINITION OF TERMS

Accreditation: the process whereby a private, non-governmental agency or association grants public recognition to an institution or specialized program of study which meets certain established qualifications and educational standards, as determined through initial and subsequent periodic evaluations.

Career Mobility: a general category that designates movement from one level to another in an occupational field.

Certification: a process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.

Clinical Experience: that portion of an education program during which the student is provided opportunities to apply academically acquired knowledge in a real work situation applicable to the specific health field.

Education Ladder: a series of related educational programs that fulfill the educational requirements for all the jobs in a ladder, and provide for continuous educational movement along the ladder from entry level to professional levels, but with exit credentials for all intermediary jobs along the way.

Equivalency Testing: the comprehensive evaluation of the knowledge and skill competencies acquired through alternate experience and to determine if those gained are equivalent to competencies developed through the formal educational program.

Experiential Learning: learning that takes place independent of classroom instruction such as knowledge gained through work experience and/or private study and whereby a student might receive equivalent college credit for courses included in the curriculum.

Hahnemann College of Allied Health Faculty: includes the Basic Science, Clinical and General Studies Faculty. Faculty status is determined by the department in which the member has his/her primary appointment.

The Basic Science Department includes the departments of Anatomy, Physiology, Mental Health Sciences, Pathology etc.

The Clinical Science Department includes the departments of Medicine, Surgery, Pediatrics, Radiology, Obstetrics etc.

The General Studies Department includes disciplines such as Social Studies, Humanities, English etc.

Professional Competence: includes technical knowledge and skills, work habits, and the ability to solve problems, to think independently and to make judgements necessary for satisfactory employment in the specific health field.

Proficiency Testing: the comprehensive evaluation of an individuals minimum basic knowledge, skills and personal attributes required for competent performance at the entry level of a specific health practitioner position in a given field.

"Third party validation": the substantiation of knowledge gained and may come from such sources as certifications, licensure, letters of job reference, supervisors' evaluation and evaluation by panels of outside experts.

RESULTS

In this study to determine the perspective of the Faculty toward academic credit for experiential learning, two hundred and sixty-eight (268) faculty members within the Hahnemann College of Allied Health Professions (Basic Science - 128; Clinical 131; General Studies - 9) were sent a questionnaire (Appendix A). One hundred and thirty-four (134) or fifty percent (50%) of the total questionnaires were returned. Responses according to the Faculty represented were Basic Science Faculty - sixty (60) or forty-six percent (46%); Clinical Faculty - sixty-six (66) or fifty percent (50%); General Studies Faculty - eight (8) or eighty-eight percent (88%).

As indicated in Table 1, a majority of the Faculty of the College of Allied Health Professions favored granting recognition for experiential learning. One hundred and five (105) of one hundred and thirty-four (134) or seventy-eight percent (78%) of the respondents supported crediting non-traditional learning. Five faculty members commented that recognition of experiential learning was not appropriate for students in allied health professions. Three individuals stated a conservative limit should be placed on the number of credits granted for non-traditional learning. Ten respondents felt that acknowledging non-academic learning should only be considered after a well defined protocol has been established and widely disseminated amongst the appropriate faculty members.

TABLE 1

Faculty Perspective of Experiential Learning

Responses	Basic Science Faculty	Clinical Faculty	General Studies Faculty	Response Summary	Percent of Total Response
Yes	45	52	8	105	78%
No	15	14	0	29	22%
Total	60	66	8	134	100%

One hundred and nine (109) or eighty-one percent (81%) of the respondents supported the use of equivalency testing for both professional courses and specific subject courses. (Table 2 and 3).

TABLE 2

Awarding Credits for Professional Courses Through Equivalency Testing.

Response	Basic Science Faculty	Clinical Faculty	General Studies Faculty	Response Summary	Percent of Total Response
Yes	47	54	8	109	81
No	13	12	0	25	19
Total	60	66	8	134	100%

TABLE 3

Awarding Credits For Specific Subject Courses Through Equivalency Testing

Response	Basic Science Faculty	Clinical Faculty	General Studies Faculty	Response Summary	Percent of Total Response
Yes	47	54	8	109	81
No	13	12	0	25	19
Total	60	66	8	134	100%

Comments expressed concerning the use of equivalency testing for both professional courses and specific subject courses were: (1) the examinations should be both written and practical in nature; (2) the examinations should be more comprehensive than the finals structured for regular students; (3) the passing score for the equivalency examinations should be higher than the traditional 70%; (4) the maximum number of credits that can be awarded for the equivalency examinations should be stated; (5) some formal instruction should be presented to these students even if they are successful in passing the equivalency examinations.

As shown in Table 4, a majority of the Basic Science Faculty and the Clinical Faculty would not support "third party validation" as a mechanism for granting credit for non-academic learning. Positive support for this non-traditional learning assessment came from the Basic Science Faculty. Six (6) of eight (8) or seventy-five percent (75%) replied in the positive. Overall, a total of fifty-two (52) or thirty-nine percent (39%) of the entire Faculty favored awarding credit through "third party validation."

Reasons cited for negative support of "third party validation" were: (1) assessment too subjective; (2) standards too difficult to establish; (3) assessment is subject to the integrity of an outside evaluator; (4) reliability is not possible; (5) faculty has no control, therefore, cannot set standards.

TABLE 4

Awarding Credits For Experiential Learning Through "Third Party Validation"

Responses	Basic Science Faculty	Clinical Faculty	General Studies Faculty	Response Summary	Percent of Total Response
Yes	22	24	6	52	39%
No	38	42	2	82	61%
Total	60	66	8	134	100%

Table 5 (Appendix D) summarizes the Basic Science Faculty, Clinical Faculty and General Studies Faculty preference for assessment of experiential learning. Response from the Basic Science and Clinical Faculty was strongly positive in support of equivalency testing for both professional courses and specific subject courses. These two faculty groups also responded similarly, in the negative, to granting credit through "third party validation." The General Studies Faculty considered both equivalency testing and "third party validation" as acceptable mechanism for assessing and granting credit for experiential learning.

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

A survey instrument was designed to determine the perspective of the Faculty toward academic credit for experiential learning. This questionnaire was distributed to the two hundred and sixty-eight (268) faculty members within the Hahnemann College of Allied Health Professions. One hundred and thirty-four (134) or fifty percent (50%) of the questionnaires were returned.

The results indicated that the majority of the faculty are amenable to acknowledging prior non-traditional learning, if evaluation assessments are properly controlled. All three faculty groups gave positive support for assessment by means of equivalence testing for both professional courses and specific subject courses.

The Basic Science Faculty and the Clinical Faculty were both equally opposed to granting academic credit for documentation of experiential learning through "third party validation." Respondents of the General Studies Faculty gave support to this non-traditional learning assessment.

The positive response from the Basic Science Faculty toward experiential learning through equivalency testing was somewhat surprising to this writer. The explanation given when this finding was questioned was that with increased participation in courses presented to allied health students, the Basic Science Faculty has developed a new appreciation and awareness of the role of the health professional in community service. They now have a better understanding of the importance of the clinical experience and can conceive of how proficiency in this area can be obtained outside of the classroom.

The negative response from the Clinical Faculty for academic credit of non-traditional learning through "third party validation" was expected.

Clinicians and allied health practitioners entertain the philosophy that teaching proper "bed side manner" is as relevant as presenting the theory of a specific health discipline.

These educators find it very difficult to accept the "word" of an outside evaluator that a student can deal with patients adequately and can cope with life and death situations appropriately. They wish to view these attitudes themselves. The literature search stresses that allied health educators should not be overly protective of their clinical courses. It is possible their views may change, but this writer does not see this occuring in the near future.

The Basic Science Faculty's opposition to "third party validation" can be explained by the professional view these individuals have their respective disciplines. As scientists they must have well established standards and controls. Challenge examinations and equivalency testing are acceptable learning assessments, but recommendations, performance rating, and certificates are considered to subjective.

From the results of this survey and discussion with faculty members, the investigator has identified the following implications:

1. The results of the survey and discussion with faculty members have provided a foundation for the writer to request the Chairman of the Admissions Committee to recommend College Council establish a policy for granting academic credit for experiential learning, with appropriate evaluation assessment.
2. The summary tabulation of the questionnaire including appropriate comments has identified areas which should be considered when implementing said policy.

3. More information in the area of "third party validation" should be sought. As an allied health educator, this investigator shares the concerns for this learning assessment as expressed above. In truth, oppostion is based on ignorance of the use of this assessment. Discussion with the Mental Helath Department has shown this writer that portfolios, interviews and employer recommendations can be valid mechanisms for evaluating their students as effectively as written and practical examinations. Information from the Mental Health Department and from other educators who utilize "third party validation" should be disseminated to the faculty.

The data was collected and analyzed and the findings were used to make the following recommendations:

1. The Admissions Committee should develop a philosophy, rationale and protocol for granting credit for experiential learning. These documents should be disseminated to the entire faculty.

2. The Chairman of the Admissions Committee should appoint a college-wide committee of faculty and administration to operationalize the process for assessing and awarding academic credit for experiential learning.

This committee should address the following:

a. Develop a general, uniform procedure for documentation of experiential learning. This should include evaluation of instructional goals in specific areas of skills knowledge and attitudes.

b. Decide when application for advanced standing of past experience should be made.

c. Establish the maximum number of credits which may be granted through non-traditional learning assessments.

d. Determine if and what fee should be charged for this service.

e. Develop a meaningful, comprehension application form.

f. Communicate with the registrar for the purpose of implementing a procedure whereby the students transcripts will adequately reflect what is being credited.

Inasmuch as each program in the College is unique to its own needs, specific criteria and evaluation methods should be developed by the individual programs. This criteria should be subject to the general procedure established by the College Admissions Committee. In addition, the programs should utilize the following guidelines, in the development of these criteria/methods:

1. Specific criteria should meet the approval of the program admissions committee. This specific criteria should then be submitted to the College Admissions Committee and ultimately to College Council for approval.

2. Copies of equivalency examinations and other documentation of proficiency should be submitted to the College Admissions Committee as part of the approval process.

3. Decision should be made by the specific program as to whether or not prior learning is to be related to future goals.

4. Individual programs should submit to the College Advanced Standing Committee upper level courses the student will be taking in lieu of those courses when will be waived.

5. Program officials should seek consultation input from their respective accrediting agencies relative to established guidelines for assessing life/work experiences.

Hahnemann Medical College and Hospital acknowledges its responsibility to provide continuing education opportunities for present health practitioners. Assessing and awarding credit for prior non-academic learning, represents the first step in integrating on-the-job past learning into a unified academic program that answers the professional and personal needs of these individuals.

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Apendix A

Memorandum & Questionnaire

THE HAHNEMANN MEDICAL COLLEGE & HOSPITAL OF PHILADELPHIA
TWO-THIRTY NORTH BROAD STREET PHILADELPHIA, PENNSYLVANIA 19102

Memorandum

TO: Faculty
College of Allied Health Professions
Hahnemann Medical College and Hospital

FROM: Pam Buccelli
Administrator
Medical Laboratory Technician Program

DATE: September 27, 1980

SUBJECT: Questionnaire

As part of the requirements for the degree of Doctor of Education, I am currently engaged in a study to determine "A Perspective Of the Faculty of the College of Allied Health Professions Regarding Academic Credit For Experiential Learning."

The number of adult students entering the College with extensive career related experiences is increasing. These individuals bring with them an assortment of qualifications, which include practical experiences in technical areas and knowledge in subject related courses. This increasing of the adult population reveals the need for the College "to take a stand" regarding crediting experiential learning. Program officials are presently confronted with the problem of providing vertical mobility for these individuals within the confines of the requirements of the curriculum.

As you know, the Council of the College of Allied Health Professions is contemplating a policy concerning experiential learning. This study is not for the purpose of any policy consideration, but rather to acquaint the investigator with the current thinking of the Faculty of the College of Allied Health Professions regarding the concept of granting academic credit for experiential learning.

For the purpose of this study, experiential learning is defined as "knowledge which is gained in non-academic settings or experiences not ordinarily considered part of traditional academic study. The term applies to learning acquired from work and/or life experiences, independent study and reading, the mass media, and participation in formal courses sponsored by associations, government business, industry, the military, and unions." (ACE Commission on Educational Credit, January 1977.)

Memorandum

I have discussed the study project with Dean Gutekunst and he fully supports its intent. Be assured of the confidentiality of your reply since the instrument does not identify the respondent. Please return your completed questionnaire to me by October 16, 1980. A copy of the tabulations will be available in my office after December 8, 1980 and may be obtained by calling extension 7915.

Please accept my sincere appreciation for your earliest attention and cooperation regarding this study.

A PERSPECTIVE OF THE FACULTY OF
THE COLLEGE OF ALLIED HEALTH PROFESSIONS
REGARDING ACADEMIC CREDIT FOR EXPERIENTIAL LEARNING

QUESTIONNAIRE

Please mark an X in the YES or NO space provided to reflect you perspective regarding experiential learning. Space is also provided for COMMENTS, but a YES or NO response is required on all questions.

(1) Experiential learning is knowledge gained in non-academic settings or experiences not ordinarily considered part of traditional academic study.

Do you favor the College of Allied Health Professions giving recognition to its students for experiential learning?

YES ___ NO ___ COMMENTS _____

(2) Equivalency testing is the comprehensive evaluation of the knowledge and skill competencies developed through alternative experiences and equated to those of an educational program.

Do you favor the College of Allied Health Professions offering equivalency testing in the professional courses (i.e. Medical Technology, Mental Health Technology, Nursing, Respiratory Therapy etc.) for the purpose of granting academic credit for prior work/life experiences?

YES ___ NO ___ COMMENTS _____

(3) Do you favor the College of Allied Health Professions offering equivalency testing for specific subject courses (i.e. Anatomy, Physiology, Chemistry, Mathematics, Psychology, English etc.) for the purpose of granting academic credit for a course in which a student believes himself/herself to be proficient?

YES ___ NO ___ COMMENTS _____

(4) "Third party validation" is the substantiation of knowledge gained and may come from such sources as certifications, licensure, letters of job reference, supervisors' evaluation and evaluation by panels of outside experts.

Do you favor the College of Allied Health Professions granting academic credit for documentation through "third party validation?"

YES ___ NO ___ COMMENTS _____

Please indicate the department in which you have your primary faculty appointment.

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